PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1480 Alexandria, Virginia 22313-1450

					71) 273-2885		
appropriate. All further	correspondence including cted below or directed oth	the Patent, adv	vance orders a	and notificati	ion of maintena	nce fees will be mailed	through 5 should be completed wher to the current correspondence addres ndicating a separate "FEE ADDRESS
	ENCE ADDRESS (Note: Use Bloe	k I for any change o	of address)		Note: A certifi	icate of mailing can only	y be used for domestic mailings of th
, , , , , , , , , , , , , , , , , , ,					Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
04743					papers. Each additional paper, such as an assignment or formal drawing, mus		
MARSHALL, GERSTEIN & BORUN LLP					have its own certificate of mailing or transmission.		
233 S. Wacker Drive					Certificate of Mailing or Transmission		
6300 Willis Tower					I hereby certify that this Fee(s) Transmittal is being deposited with the United		
Chicago, Illinois 60606-6357					States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
					(Depositor's name)		
							(Signature
							(Date
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKE	
10/564,969	08/25/2006		Paul	R. Drury		27754/26717	5387
TITLE OF INVENTIO	ON: METHOD OF M	IANUFACTUE	RING A COM	IPONENT F	OR DROPLET	DEPOSITION APPAR	AATUS
APPLN. TYPE	SMALL ENTITY	ISSUE			ATION FEE	TOTAL FEE(S) DU	
nonprovisional	no	\$1,510.00			00.00	\$1,819.00	10/05/2011
EXAMINER					SUBCLASS		
D. P. Angwin 3729							
1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list MARSHALL, GERSTEIN & BORUN							
Address" (37 CFR 1.36					to 3 register	ed patent 1 LLP	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. up to 2 registered patent att						onto If no	
form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Use of a Customer Number is required.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed							
for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
XAAR TECHNOLOGY LIMITED Cambridgeshire, United Kingdom							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
X Issue Fee A check in the amount of the fee(s) is enclosed.							
X Publication Fee (No small entity discount permitted) X Payment by credit card.							
X Advance Order # of Copies 3							
E Character Parties C	4-4 (C	A shows					
	tatus (from status indicate aims SMALL ENTITY sta		R 1.27.	b. Applic	ant is no longe	r claiming SMALL EN	TTTY status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and		d) will not be a	accepted from a				the application identified above. or agent; or the assignee or other party i
Authorized Signature /Jeremy R. Kriegel, Reg. No. 39,257/						Date	September 22, 2011
Typed or printed name Jeremy R. Kriegel						Registration No	
	_		_	_			